

STATEMENT OF
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SUBMITTED TO
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

*H.R. 240, VETERANS PRESCRIPTION DRUG EQUITY ACT; H.R. 372, TO
AUTHORIZE PHARMACIES OF THE DEPARTMENT OF VETERANS AFFAIRS TO
FILL PRESCRIPTION FOR DRUGS AND MEDICINES WRITTEN BY PRIVATE
PHYSICIANS; H.R. 709, VETERANS PRESCRIPTION ACCESS IMPROVEMENT ACT;
AND THE VETERANS PRESCRIPTION DRUG BENEFIT ACT OF 2003*

WASHINGTON, DC

MARCH 19, 2003

MR. CHARIMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.6 million members of the Veterans of Foreign Wars of the United States (VFW) and our Ladies Auxiliary, I would like to thank you for the opportunity to present our views regarding the Department of Veterans Affairs' (VA) authority to fill prescriptions for drugs or medicines written by private physicians.

The Veterans' Health Care Eligibility Reform Act of 1996 provides all veterans enrolled in Categories 1-8 full access to all of the health services described in VA's Medical Benefits Package, which includes prescription drugs. VA pharmacies, however, for the most part are precluded from filling prescriptions issued by private physicians. They will only provide the drug if the prescription is rewritten first by a VA provider.

More and more veterans, however, are turning to private physicians for appointments because they cannot get a timely VA appointment. VA's own estimates show over 200,000 veterans waiting six months or more for an appointment. Veterans who seek care from a private physician, however, usually do not have a prescription drug benefit as generous as the VA's Medical Benefits Package. These veterans come to VA with prescriptions from their private physicians already written and in-hand only to find out that they cannot get their prescription filled until they see a VA physician. The VA Inspector General noted "frequent comments in patient medical records reflecting the frustration of veterans in having to go through VA's extended process of scheduling exams and tests and then spending sometimes the entire day at the medical center solely, from their perspective, to have their prescriptions filled or refilled."

In addition, the VA Inspector General also found once veterans received appointments with VA physicians these VA physicians "routinely review and approve the orders of the private physicians... [and] exams frequently duplicate tests and exams that have already been performed by the patient's private physician and are conducted to allow the VA physician to support filing a prescription that the patient brought from his/her private physician."

Given the current situation and the opportunity to potentially mitigate the impact of long waiting times and produce cost savings by streamlining an inefficient and overly bureaucratic process the VFW has reevaluated its past position and now firmly believes that VA should be given the authority to fulfill prescriptions written by private physicians. VA, of course, must develop the necessary quality assurance systems needed

to monitor private prescription fills or refills such as consulting with the private physician when a prescribed drug is not on VA's drug formulary.

While each one of the bills considered here today would provide VA the authority to fulfill prescriptions written by private physicians, H.R. 709 would achieve this upon enactment while H.R. 240 would limit the veteran to waiting 30 days; H.R. 372 would conduct a two year geographically limited pilot program and the Veterans Prescription Drug Benefit Act of 2003 would limit the benefit to Medicare-eligible veterans who choose to disenroll from VA health care. Therefore, we believe that *Veterans Prescription Access Improvement Act* would immediately make additional resources available for veteran healthcare by enhancing the delivery of prescription services to veterans and as such, we would like to offer our support for H.R. 709.

Mr. Chairman, this concludes our testimony and I would be happy to answer questions that you or members of the subcommittee may have.